

An example of how to complete this form is shown below.
PROVIDER'S CHILD CARE DAILY TIME AND ATTENDANCE RECORD
 Department of Human Services

Billing website: www.michigan.gov/childcare
 Billing phone #: 1-888-779-2775 (Touch-tone)
 1-888-826-1772 (Voice)

Provider ID Number:
 Provider Name:
 Pay Period Number:
 Confirmation Number
 Page Number:

0123456
Laura Lansing
903
1

INSTRUCTIONS: Record the daily care begin time, the daily care end time, the child care hours, and the ill/holiday hours for each child in your care. Any changes must be initiated by the person making the change. See additional instructions on the back.
Keep this form for your records. A daily attendance record must be retained for at least **four years** for auditing purposes.
Round daily hours to the nearest half hour.

		Child's Name Tommy Towers					Child's Name Tara Towers					Child's Name Tina Towers				
		Age 9					Age 5					Age 10 mos				
Day	Date	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial
Sun	1/18															
Mon	1/19	3:26 pm	5:42 pm	2.5			7:28 am	11:38 am	6.5			7:28 am	5:42 pm	10		
							3:26 pm	5:42 pm								
Tues	1/20	3:15 pm	5:30 pm	2			7:42 am	11:27 am	5.5			7:42 am	5:30 pm	10		
							3:15 pm	5:30 pm								
Wed	1/21	3:48 pm	5:48 pm	2			7:35 am	11:29 am	6			7:35 am	5:48 pm	10		
							3:48 pm	5:48 pm								
Thur	1/22				2					6					10	
Fri	1/23				2					6					10	
Sat	1/24															
Sun	1/25															
Mon	1/26	3:42 pm	5:35 pm	2			7:30 am	11:40 am	6			7:30 am	5:35 pm	10		
							3:42 pm	5:35 pm								
Tues	1/27	3:35 pm	5:51 pm	3			7:40 am	11:30 am	7			7:40 am	5:51 pm	10		
							3:35 pm	5:51 pm								
Wed	1/28	3:27 pm	5:28 pm	2			7:10 am	11:30 am	6.5			7:10 am	5:28 pm	9.5		
							3:27 pm	5:28 pm								
Thur	1/29	3:12 pm	5:30 pm	2.5			7:47 am	11:46 am	6.5			7:47 am	5:30 pm	9.5		
							3:12 pm	5:30 pm								
Fri	1/30	3:30 pm	5:10 pm	2.5			7:27 am	11:32 am	6.5			7:27 am	5:10 pm	9.5		
							3:30 pm	5:10 pm								
Sat	1/31															
		Biweekly Care Charge (to nearest dollar)				\$ 58	Biweekly Care Charge (to nearest dollar)				\$ 162	Biweekly Care Charge (to nearest dollar)				\$ 305

I certify that:

- The above reporting information is true and accurate to the best of my knowledge based on available information.
- I am not charging the DHS more than I charge the general public.
- I keep permanent and accurate records for four years, showing time of arrival and departure for each child on a daily basis.
- I understand that if benefits are overpaid for any reason, the extra benefits received will have to be repaid. If intentional misrepresentation caused the overpayment, the responsible party, including any adult in the program group or the group's authorized representative or provider of goods or services, may be prosecuted for fraud.

Child Care Provider's Signature	Date
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Round daily hours to the nearest half hour.

		Child's Name					Child's Name					Child's Name					
		Age					Age					Age					
Day	Date	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	Care Begin Time	Care End Time	Child Care Hours	Ill/Holiday Hours	Parent Initial	
Sun																	
Mon																	
Tues																	
Wed																	
Thur																	
Fri																	
Sat																	
Sun																	
Mon																	
Tues																	
Wed																	
Thur																	
Fri																	
Sat																	
		Biweekly Care Charge (to nearest dollar)		\$				Biweekly Care Charge (to nearest dollar)		\$				Biweekly Care Charge (to nearest dollar)		\$	

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Child Care Provider's Signature

Date

INSTRUCTIONS:

At the end of each pay period, providers must report child care hours and charge for care using Internet reporting at: www.michigan.gov/childcare. You will need to know the pay period number, your provider I.D. number, and your personal identification number (PIN). If you do not have access to a computer, you may use telephone reporting by calling 1-888-779-2775 (touch tone) or 1-888-826-1772 (voice – if you do not have a touch-tone service).

For questions about Internet or telephone reporting, refer to the Provider Handbook and Reporting Instructions for Child Care Providers, DHS Pub. 230. If you still need help call 1-866-990-3227.

Provider ID Number: Enter the 7-digit number (**not** license number) assigned to the child care provider to be used when reporting to the Department. See DHS-198, Child Development and Care Certificate/Notice of Authorization.

Provider Name: Enter your name or the name of your facility.

Pay Period Number: Enter the number of the pay period that corresponds to the reporting dates. See the table below. Use a separate page for each pay period.

Pay Period Dates	Pay Period Number	Reporting Deadline*	Pay Period Dates	Pay Period Number	Reporting Deadline*
12/21/08 – 01/03/09	901	01/08/09	06/21/09 – 07-04/09	914	07/09/09
01/04/09 – 01/17/09	902	01/22/09	07/05/09 – 07/18/09	915	07/23/09
01/18/09 – 01/31/09	903	02/05/09	07/19/09 – 08/01/09	916	08/06/09
02/01/09 – 02/14/09	904	02/19/09	08/02/09 – 08/15/09	917	08/20/09
02/15/09 – 02/28/09	905	03/05/09	08/16/09 – 08/29/09	918	09/03/09
03/01/09 – 03/14/09	906	03/19/09	08/30/09 – 09/12/09	919	09/17/09
03/15/09 – 03/28/09	907	04/02/09	09/13/09 – 09/26/09	920	10/01/09
03/29/09 – 04/11/09	908	04/16/09	09/27/09 – 10/10/09	921	10/15/09
04/12/09 – 04/25/09	909	04/30/09	10/11/09 – 10/24/09	922	10/29/09
04/26/09 – 05/09/09	910	05/14/09	10/25/09 – 11/07/09	923	11/12/09
05/10/09 – 05/23/09	911	05/28/09	11/08/09 – 11/21/09	924	11/24/09
05/24/09 – 06/06/09	912	06/11/09	11/22/09 – 12/05/09	925	12/10/09
06/07/09 – 06/20/09	913	06/25/09	12/06/09 – 12/19/09	926	12/22/09

* Reporting deadlines on days before holidays are at 5:00 PM on the indicated date. Otherwise, they are at the end of the day (midnight).

Confirmation Number: Enter the confirmation number you get at the end of your phone call when reporting billing information.

Page Number: Enter the page number.

Child's Name and Age: Enter the name and age of each child for whom care has been authorized for the reporting period. Place them in alphabetical order by last and first name.

Care Begin and End Times: Enter the times in hours and minutes, indicating if it is AM or PM

Child Care Hours: Enter the number of hours of care that were actually provided, rounded to the nearest half hour. Enter a half hours as .5. **This may be more or less than the number of hours authorized on the DHS-198. Leave blank any days the child did not attend.**

Child ill/holiday Hours State of Michigan holidays and absences due to the child's illness (not to exceed two consecutive weeks) can be reported if you charge the general public (all families) for the holiday or absences due to illness AND if the child would have normally been in care that day. If you do report child ill/holiday hours, you may not enter more hours than the child would have normally been in care that day. In the box for the day that the holiday or the absence occurred, enter the number of hours being reported, rounded to the nearest half hour. Enter a half hour as .5. See the Provider Handbook and Reporting Instructions for Child Care Providers, DHS Pub 230.

Parent Initial: The parent must initial each day for each child to indicate that the entries are correct.

Biweekly Care Charge: Enter the total amount of your charge for care for this child for the **two-week pay period. Round to the nearest dollar. No cents are to be entered, including zeros.** (Example: Your charge for full time care is \$80.20 per week, and this child was in care full time for both weeks. Enter 160 in these boxes.)

Child Care Provider's Signature and Date: The person authorized to complete the billings must sign and date the form.

HOW TO ROUND TO THE NEAREST HALF HOUR:

If remaining minutes are 1 – 15, drop them. For example, for 6 hours and 15 minutes, enter 6 hours.

If remaining minutes are 16-45, round to .5. For example, for 6 hours and 45 minutes, enter 6.5 hours.

If remaining minutes are 46-59, round to the next higher hour. For example, for 6 hours and 50 minutes, enter 7 hours.

You may obtain additional copies of this worksheet at www.michigan.gov/childcare.

Please note: Parents are responsible for child care expenses that are not paid by the DHS including expenses incurred while a parent's eligibility is being determined.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.